


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	METHODS OF PLANARIZATION		
Application Type : regular, utility			
Attorney Docket Number : BUR920020104US1			
Correspondence address:			
Customer Number:		030678	
<b>Inventors Information:</b>			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	TR		
<b>Given Name:</b>	Omer		
<b>Family Name:</b>	Dokumaci		
<b>City of Residence:</b>	Wappingers Falls		
<b>State of Residence:</b>	NY		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	32E Winthrop Ct.		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Wappingers Falls		
<b>State of Mailing Address:</b>	NY		
<b>Postal Code of Mailing Address:</b>	12590		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Bruce		
<b>Family Name:</b>	Doris		
<b>City of Residence:</b>	Brewster		
<b>State of Residence:</b>	NY		

**Country of Residence:** US  
**Address-1 of Mailing Address:** 350 Lake Shore Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Brewster  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 10509  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** David  
**Family Name:** Horak  
**City of Residence:** Essex Junction  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 47 Briar Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Essex Junction  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05452  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 4:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Fen  
**Middle Name:** F.  
**Family Name:** Jamin  
**City of Residence:** Wappingers Falls  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 17C Scarborough Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Wappingers Falls  
**State of Mailing Address:** NY

**Postal Code of Mailing Address:** 12590

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:

030678



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Assignee 1:**

**Organization Name:** International Business Machines Corporation

**Address-1 of Mailing Address:** New Orchard Road

**Address-2 of Mailing Address:**

**City of Mailing Address:** Armonk

**State of Mailing Address:** NY

**Postal Code of Mailing Address:** 10504

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**